

UNITED STATES PROBATION & PRETRIAL SERVICES OFFICE  
DISTRICT OF NORTH DAKOTA

REPORT OF POSITIVE DRUG/ALCOHOL TEST

Defendant/Offender: Michael Enno

Docket:

Date of Collection Procedure/Statement of Consequences Review:

Date Test/Sample Taken: 6/29/17 Lab Slip/Client ID No./Other:

Results of Test/Urinalysis – Positive For: Meth and Oxy

You are provided this written notice of a positive drug/alcohol test result submitted by you on the date indicated above. Use of prohibited substances (which includes drugs prescribed for someone other than you by a licensed physician or alcohol) constituted a violation of your release conditions. Positive tests results, whether admitted or denied, are reported to the Court.

If you deny the use of a prohibited substance as indicated by the result of this analysis, you have the right to a hearing before the Court to determine if you are in violation of the conditions of your release. During this hearing, you have the right to representation by counsel, and an attorney will be appointed for you if you cannot afford one. Also, you may have the urine sample retested at an independent laboratory, certified under the Substance Abuse and Mental Health Services Administration guidelines, (SAMHSA) at your own expense prior to the hearing.

**Please place your initials before one of the following statements:**

ME I **admit** to use of a controlled substance/alcohol as indicated by the above reported test result.

       I **deny** use of a controlled substance/alcohol as indicated by the above reported test result.

**Please place your initials before one of the following statements:**


(Not applicable for positive alcohol results unless obtained by urinalysis.)

ME I do **not** want to have the specimen retested.

I want to have the specimen tested by an independent laboratory (SAMHSA certified) at my own expense. However, if I fail to provide the name of the alternative test site within five days. I understand the sample will be sent to Alere Toxicology Services. I ask that the specimen be sent to \_\_\_\_\_ Laboratory at \_\_\_\_\_.

Intervention or Sanction Imposed or Recommended by the Supervising Probation Officer:

Attend inpatient substance abuse treatment

 6/29/17  
Date

U.S. Probation & Pretrial Services Officer